Metropolitan Action Commission

Low Income Home Energy Assistance Program Application (LIHEAP)

October 1, 2014 thru September 30, 2015							
TYPE OF ASSISTANCE YOU ARE APPLYING FOR: (Please check one):							
[] Energy Assistance [] Crisis Assistance (ple	□Electric		⊐Gas	□Other (w	ood, propane	2)	
Name of Energy Supplier							
Name of Energy Supplier	``			Account No	umhari		
Name on Din.	A	PPLICANT INI	FORMATION	(PRINT ONLY			
Your Name:		The state of the s		(I IIII) I ONEI	Sex:	Male	Female
Date of Birth:		SSN:			Phone:		
Street Address:			City:			Zip Coo	le:
	□ Employment □ SSDI	☐ Child☐ Pension	Support on/Retiremen		Social Secur Families Firs	•	□ SSI □No Income
How are you paid? ☐ Wee	ekly 🛮 Bi-Wee	ekly 🛮 Ser	ni-Monthly	☐ Monthly	Amount:		
Your Home: ☐ Own ☐ Rent ☐ Sec	tion 8 Amount: \$	_ Are You D	Disabled? 🗆 `	YES □ NO	Health Inst	ırance:	□ YES □ NO
Е	ducation: □No Hig □12+ Post-Second						
Are you: □Employed [□In job training o	or other trainin	g 🗆 Pursuir	ng education	□ Seeking of	employn	nent Not employed
Do you need English as a S	Second Language	classes to get	a job or to ac	lvance on you	r current job	?	□ Yes □ No
Race (mark ONE answer): Mid-Easterner	☐ Caucasian ☐ American Inc	□ African-An dian/Alaska N		l Hispanic l Two or More	☐ Asian Races	☐ Haw ☐ Othe	aiian/ Pacific Islander er:
Marital Status (Check one)	: Married	☐ Never Mar	ried 🗆	l Divorced	☐ Widowe		☐ Separated
¥ A	Single Parent Fer Single Parent Ma			t Household s No Children		☐ Sing ☐ Othe	le Person
				IN THE HOMI			
Name:					nip to Applic	ant:	
SSN:	Date of Bi	rth:		Sex: □M			Health Insurance: ☐ YES ☐ NO
Monthly Income:	Disabled:	□ Yes □	No	Education	:		Race:
Name:				Relationsh	nip to Applic		YY 1.1 Y
SSN:	Date of Bi	rth:		Sex: □M	I □F		Health Insurance: ☐ YES ☐ NO
Monthly Income:	Disabled:	□ Yes □	No	Education			Race:
Name:				Relationsh	nip to Applic		II. alah Ingganan
SSN:	Date of Bi	rth:		Sex: □M	I □ F		Health Insurance: ☐ YES ☐ NO
Monthly Income:	Disabled:	□ Yes □	No	Education			Race:
Name:				Relationsh	nip to Applic		Health Insurance:
SSN:	Date of Bi	rth:		Sex: □M	1 □ F		☐ YES ☐ NO
Monthly Income:		□ Yes □		Education			Race:
If you need additional space		· -		-	_		
How many people living ir3 years4 ye							
How far is the nearest Head	d Start center or c	hild care cent	er to your ho	me? (circle an	nswers) Hea	ad Start	Child Care
5 miles or less More th	an 5 miles but les	s than 10 mile	es More t	han 10 miles b	ut less than	15 miles	15 miles or more
How do you get around to	meet your basic n	eeds? 🗖 Car	□ Bus □	Ride with fam	ily or friend	Othe	er
Please check the services that are needed to improve your family's well-being: [] Employment [] Education [] Child Care [] Housing [] Nutrition [] Legal Services [] ESL classes [] Health [] Emergency Services [] Budget/Financial Management [] Other							

•	our residence been insulated under the Weatherization Program by MDHA?	□Yes	□No		
If not,	are you interested? □Yes □No				
PLE	TASE CHECK EACH BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH OR NO) THE LAST QUESTION. INCOMPLETE APPLICATIONS WILL NOT		D ANSWER (YES		
	I certify to the best of my knowledge all of the information given by me is true and correct.				
	I also authorize the verification of any and all information for the purpose of certification				
	I understand that if I withhold any information or submit false information and receive service be subject to criminal prosecution under the laws for the State of Tennessee.	vices to which I am	not entitled, I may		
	I understand that I will be notified of whether this application has been accepted or reject acceptance of my application does not guarantee I will receive the requested assistance will understand that I may appeal any decision to reject my application in accordance with the Metro Action Commission.	within any certain t	ime period. I also		
	I certify that from October 1, 2014 through September 30, 2015 neither I, nor any mer INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) services from a Tennes whether this application is ultimately accepted or rejected by the Metropolitan Action Comutility bill remains my responsibility. The Metropolitan Action Commission reserves assistance. Should the Metropolitan Action Commission accept my application and provides shall not constitute accepting responsibility for maintaining my account.	ssee LIHEAP agency numission, I understathe right to reject	y. Regardless as to and that paying my my application for		
	To the fullest extent permitted by law, I hereby release and forever discharge, and agree harmless, the Metropolitan Government, officers, agents, employees, and volunteers fro claims, demands and causes of action of any kind on account of any loss, damage, illness way arising out of or relating to my application for assistance and/or related activities, whet action or inaction of the Metropolitan Government or any other person or entity.	m and against any or injury to person	and all liabilities, or property in any		
	I attest under penalty of perjury that the applicant is either a United States citizen or a qualification of the states of the s	ied alien as defined	by U.S.C. 1641(b).		
I agree that the information contained in this application may be shared with other agencies from which I seek additional services. Yes [] No []					
Signatu	are of applicant:	Date:			
	For additional information on completing the application please call Ms. Brenda Gill (615) 80	62-88 <mark>60 extension 701</mark>	24.		
L	OW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 20	15 INCOME GU	IDELINES		

Members in Household	Annual Limit	
1	\$17,505	Metropolitan Action Commission
2	\$23,595	Community Services Division
3	\$29,685	P.O. Box 196300
4	\$35,775	
5	\$41,865	Nashville, TN 37219-6300
6	\$47,955	Phone: 615/862-8860
7	\$54,045	
8	\$60,135	

For family units with more than 8 members, add \$6,090 annually

Please attach copies of the following documents:

- Current and Active Utility Bill from NES or Piedmont Gas
- Current proof of income for all members of household for the past 8 weeks (Supplemental Security Income (SSI), Families First, Child Support, Payroll Check Stubs- (4 pay stubs if paid biweekly or 8 paystubs if paid weekly)
- Social Security Cards verification for all household members (assistance will be denied due to refusal to provide social security number verification for all household members)

NOTE: Incomplete application will delay the process to be assisted.
ONLY ORIGINAL APPLICATION WILL BE ACCEPTED FOR REVIEW. NO FAXES PLEASE

OFFICE USE ONLY (Applicant do not complete)		
Community Program Staff	Date	